

Margaret Bartlett

Died at <sup>own</sup> ~~her~~ ~~Easton~~

County

Talbot

MARYLAND

Died at Date 1903 Month June Day 18

Age 33

M. D.

Native of

u.s.a

Occupation

Lady

~~White~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

2

~~Husband~~ of

Wife James Bartlett

27

Father's Name Louis Meyers Mother's Maiden Name Anna

Cause of Death Primary Tuberculosis Pulmonaris

How long sick

1 yr.

Death Immediate Exhaustion

~~Insanity, Suicide, Homicide~~

Reported by

Chas. J. Danidow M.D.

Easton, Md.

Address

9

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mary Beall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                  |         |                         |             |                |      |
|-----------------------------------|------------------|---------|-------------------------|-------------|----------------|------|
| Died at                           |                  | Town    | County                  |             | MARYLAND       |      |
| Died at                           |                  | Cordova | Lalor                   |             |                |      |
| Date of death 1903                | Month June       | Day 26  | Age 29                  | Years       | Months         | Days |
| Sex Female                        | Color or Race    | White   |                         | Birth-place | New York State |      |
| Married, Single or Widowed        | Married          |         | Occupation              | Housewife   |                |      |
| Name of Wife or Husband           | Clinton J. Beall |         |                         |             |                |      |
| Father's Name                     | Daniel Remett    |         | Father's Birthplace     | New York    |                |      |
| Mother's Maiden Name              | "                |         |                         |             |                |      |
| Name of person giving Information | Clinton J. Beall |         | How related to deceased | Husband     |                |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                          |  |                              |
|--|--------------------------|--|------------------------------|
| Primary  | Administration of poison |  | How long                     |
| Immediate  | with suicidal intent     |  | How long                     |
| Are the name, age, sex, color, date and place correctly given above? | They are                 |  | Signature of Physician       |
|  |                          |  | Address                      |
| 9  | Suicide                  |  | Chas. H. Rose<br>Cordova, Md |
| -Accident or Suicide?  |                          |  |                              |



Thomas Blades, of S.

Died at St. Michaels Town Talbot County MARYLAND

Date 1903 June 18 Month June Day 18 Y. 86 M. W D. W Native of Maryland Occupation Merchant  
 Male White Married Widow Divorced Divorced  
Female Colored Single Widower Number of children living 4

Husband of Mrs. Susan E. Blades  
 Wife Edmund Father's Name Mary Fairbanks  
 Mother's Name Edmund Maiden Name Mary Fairbanks

Cause of Death Atrophy of brain Primary 5-6 yrs  
 Death Cerebro Spinal Meningitis <sup>Subacute</sup> Immediate Accident, Suicide, Homicide

Reported by Robt. A. Dodson  
 Address St. Michaels  Md. 15

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
FullTo BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

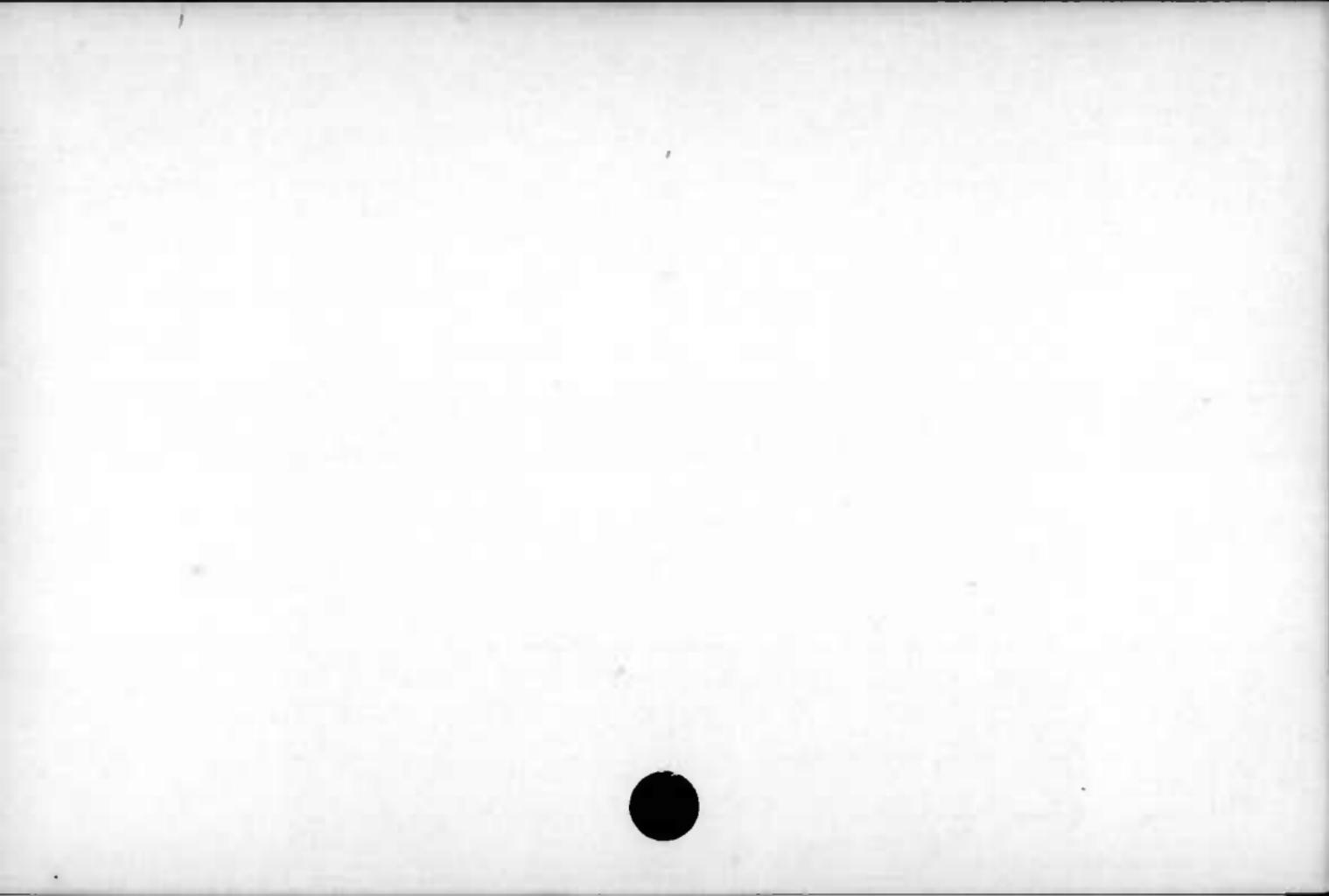
Mary Care

## CERTIFICATE OF DEATH

|                                   |               |             |                         |                            |             |  |
|-----------------------------------|---------------|-------------|-------------------------|----------------------------|-------------|--|
| Died at                           |               | Town        | County                  |                            | MARYLAND    |  |
| Date of death 1903                | Month June    | Day 17      | Years                   | Months 10                  | Days        |  |
| Sex Female                        | Color or Race | Age         |                         | Birth-place in Monroeville |             |  |
| Married, Single or Widowed        |               | Occupation  |                         | +                          |             |  |
| Name of Wife or Husband           |               | Mary M Care |                         |                            |             |  |
| Father's Name                     | John Care     |             | Father's Birthplace     |                            | Miles River |  |
| Mother's Maiden Name              | Mary M Carter |             | Mother's Birthplace     |                            | do do       |  |
| Name of person giving Information | E J Porter    |             | How related to deceased |                            | none        |  |

## CAUSES OF DEATH

|  |                  |  |          |
|--|------------------|--|----------|
| Primary  | Summer Complaint |  | How long |
| Immediate  |                  |  | 5 days   |
| Are the name, age, sex, color, date and place correctly given above? | Yes              |  | How long |
|  | 105              |  | had none |
| Address  |                  |  |          |
| Accident or Suicide?   |                  |  |          |



Priscilla Denard

Town New Castle County

Talbot

MARYLAND

Died at

|           | Month   | Day   | Y.      | M.     | D.      | Native of                 | Occupation |
|-----------|---------|-------|---------|--------|---------|---------------------------|------------|
| Date 1893 | June 2  |       | Aga     | 81     |         | Talbot Co. alone          |            |
| Male      | White   |       | Married |        | Widow   | Divorced                  |            |
| Female    | Colored | Black | Single  | Single | Widower | Number of children living | 4          |

Husband of Waddoune

Wife

Father's

Name

Mother's

Name

Cause of Primary Asthma 97 How long sick

Death Immediate Accident, Suicide, Homicide

Reported by

Daniel Fullerton

Address

24

Fullerton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. Mr. Doctor

Seen by Coroner of

Name  
in  
Full

Mary Matilda Eunalls

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                           |                  |                                       |                       |            |  |
|--|---------------------------|------------------|---------------------------------------|-----------------------|------------|--|
| Died at<br>Caistor                                     |                           | County<br>Latott |                                       | MARYLAND              |            |  |
| Date<br>of death 1909                                  | Month<br>June             | Day<br>19        | Age<br>65 -                           | Months<br>5           | Days<br>10 |  |
| Sex<br>Female  | Color or<br>Race<br>Negro |                  |                                       | Birth-<br>place<br>Md |            |  |
| Married, Single<br>or Widowed<br>Married               | Occupation<br>Cook        |                  |                                       |                       |            |  |
| Name of Wife or<br>Husband<br>Edward Eunalls           |                           |                  |                                       |                       |            |  |
| Father's<br>Name<br>Duchy Nichols                      |                           |                  | Father's<br>Birthplace<br>Md          |                       |            |  |
| Mother's<br>Maiden Name<br>Charlotte Nichols           |                           |                  | Mother's<br>Birthplace<br>Md          |                       |            |  |
| Name of person giving<br>Information<br>Edward Eunalls |                           |                  | How related<br>to deceased<br>Husband |                       |            |  |

CAUSES OF DEATH

|  |  |
|--|--|
| Primary<br>Cancer of vulva x 42  | How long<br>10 mos                       |
| Immediate<br>Exhaustion  | How long<br>after death                  |
| Are the name, age, sex, color, date<br>and place correctly given above?<br>Yes | Signature of<br>Physician<br>E. R. Dugie |

Address

Caistor

Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

I



Edw. Green

Town  
Easton

County

Talbot-

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

03

June 13

Age

21

-

-

-

-

U.S.A.

-

Labor

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's  
NameCause of  
Death

Immediate

Reported by

Address

9

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mother's  
Maiden Name

Sarah Green

How long sick

3 wks

Murder, Suicide, Homicide

Chas. J. Davidson



## CERTIFICATE OF DEATH

MARYLAND

|                                   |   |               |                     |            |                         |
|-----------------------------------|---|---------------|---------------------|------------|-------------------------|
| Died at                           |   | Town          | County              |            |                         |
| Date of death                     | 1903                                    | Month June    | Day 1               | Years      | Months Days             |
| Sex                               | Female                                  | Color or Race | White               | Birthplace |                         |
| Occupation                        | Where Residing if not at place of death |               |                     |            |                         |
| Married, Single or Widowed        | Name of Wife or Husband                 |               |                     |            |                         |
| Father's Name                     | Wm. Dennis                              | James         | Father's Birthplace |            |                         |
| Mother's Maiden Name              | Anna Belk Cooper                        |               |                     |            | Mother's Birthplace     |
| Name of person giving information |   |               |                     |            | How related to deceased |

## CAUSES OF DEATH

Primary

Atelectasis

How long

Immediate

15

How long

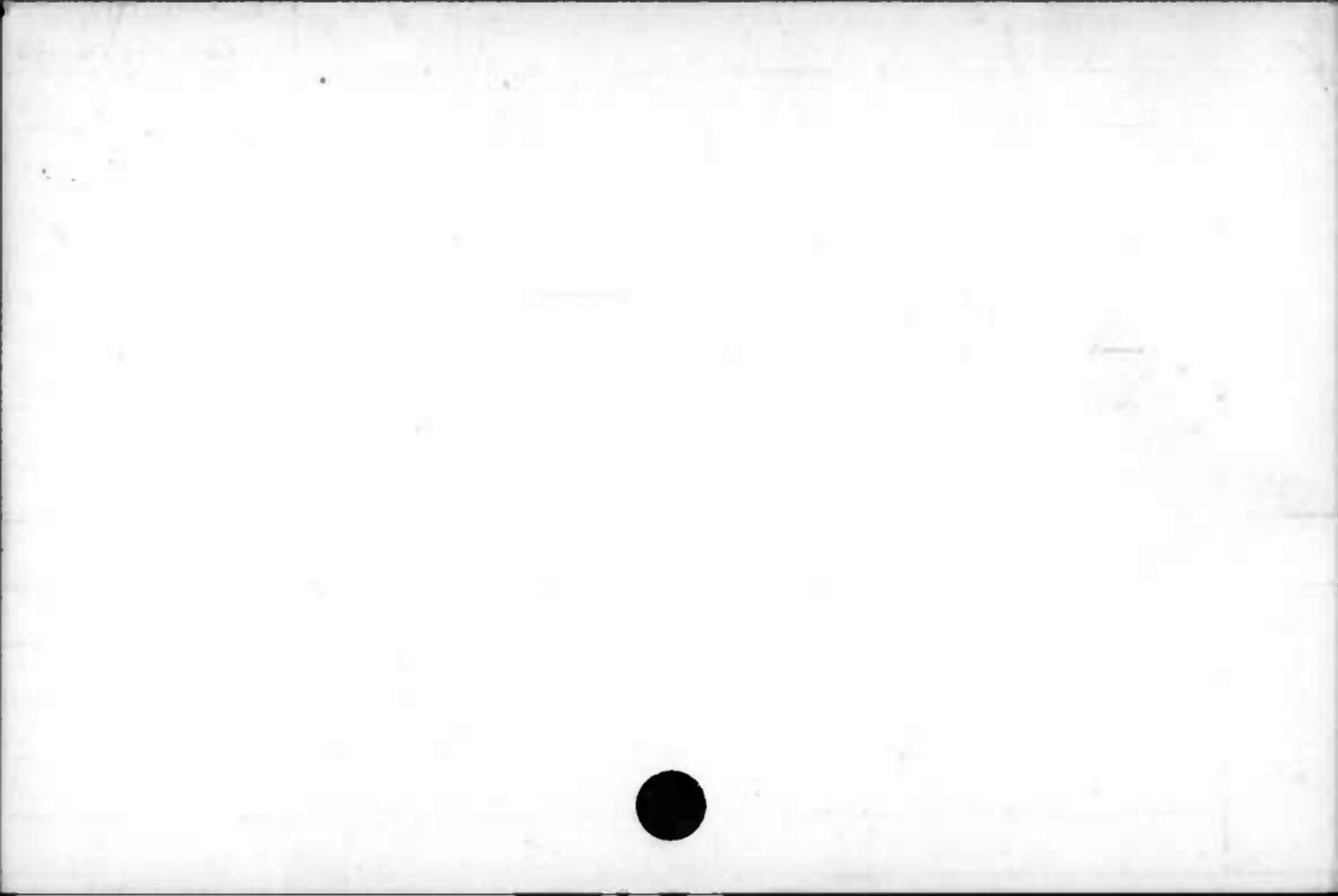
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. M. Wilson  
Tilghman

Accident or Suicide?



Name  
in  
Full

Fedor Womeling Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                            |                               |                                     |                 |               |  |
|-----------------------------------|----------------------------|-------------------------------|-------------------------------------|-----------------|---------------|--|
| Died at <u>Eustis</u>             |                            | Town <u>L</u>                 | County <u>Tulbot</u>                | MARYLAND        |               |  |
| Date of death 190                 | Month <u>3 June</u>        | Day <u>10</u>                 | Age <u>7</u> Years                  | Months <u>—</u> | Days <u>4</u> |  |
| Sex <u>Male</u>                   | Color or Race <u>Black</u> | Birth-place <u>Eustis, Md</u> |                                     |                 |               |  |
| Married, Single or Widowed        |                            |                               | Occupation <u>Child</u>             |                 |               |  |
| Name of Wife or Husband           |                            |                               |                                     |                 |               |  |
| Father's Name                     | <u>John Womeling</u>       |                               | Father's Birthplace <u>Md</u>       |                 |               |  |
| Mother's Maiden Name              | <u>Elvira Johnson</u>      |                               | Mother's Birthplace <u>Md</u>       |                 |               |  |
| Name of person giving Information | <u>Joseph Kellay</u>       |                               | How related to deceased <u>Mono</u> |                 |               |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                          |
|--|--------------------------|
| Primary <u>Confinement of Brain (S)</u>                              | How long <u>beday</u>    |
| Immediate <u>Convulsions</u>   | How long <u>24 hours</u> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician   |
|  | Address                  |
| Accident or Suicide?   |                          |



Name  
in  
Full

Charles H Lowery

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                 |                  |            |          |                            |      |
|--------------------------------------|-----------------|------------------|------------|----------|----------------------------|------|
| Died at                              |                 | Town             | County     |          | MARYLAND                   |      |
| Date<br>of death 1903                |                 | Month June       | Day 10     | Years 59 | Months                     | Days |
| Sex                                  | Male            | Color or<br>Race | Occupation |          | Birth-<br>place            |      |
| Married, Single<br>or Widowed        | Married         | Cystorman        |            |          |                            |      |
| Name of Wife or<br>Husband           | Louisa Lowery   |                  |            |          |                            |      |
| Father's<br>Name                     | Horace S Lowery |                  |            |          | Father's<br>Birthplace     | —    |
| Mother's<br>Maiden Name              | —               |                  |            |          | Mother's<br>Birthplace     | —    |
| Name of person giving<br>Information | Frank Lowery    |                  |            |          | How related<br>to deceased | Son  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |          |                           |                               |          |
|---|----------|---------------------------|-------------------------------|----------|
| Primary   | Diabetes | 50                        | How long                      | 6 months |
| Immediate   | Asphyxia |                           | How long                      |          |
| Are the name, age, sex, color, date<br>and place correctly given above? | Yes      | Signature of<br>Physician | Sam'l C Tripp<br>Royal Oak Md |          |
|   |          | Address                   |                               |          |
| Accident or Suicide?  |          |                           |                               |          |



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

|                                      |  |                  |        |                            |        |      |  |
|--------------------------------------|--|------------------|--------|----------------------------|--------|------|--|
| Died at                              |  | Town             | County |                            |        |      |  |
| Date<br>of death 1903                |  | Month June       | Day 6  | Years                      | Months | Days |  |
| Sex                                  |  | Color or<br>Race | Age    | Birth-<br>place            |        |      |  |
| Married, Single<br>or Widowed        |  | Occupation       |        | Name                       |        |      |  |
| Name of Wife or<br>Husband           |  | Richard Mitchell |        | St. Michael                |        |      |  |
| Father's<br>Name                     |  | Mary Alta White  |        | St. Michael                |        |      |  |
| Mother's<br>Maiden Name              |  | Walter White     |        | St. Michael                |        |      |  |
| Name of person giving<br>Information |  | Name             |        | How related<br>to deceased |        |      |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Insanity

How long

two days

Immediate

Heart Failure

151

How long

4 - 5

Are the name, age, sex, color, date  
and place correctly given above?

yes

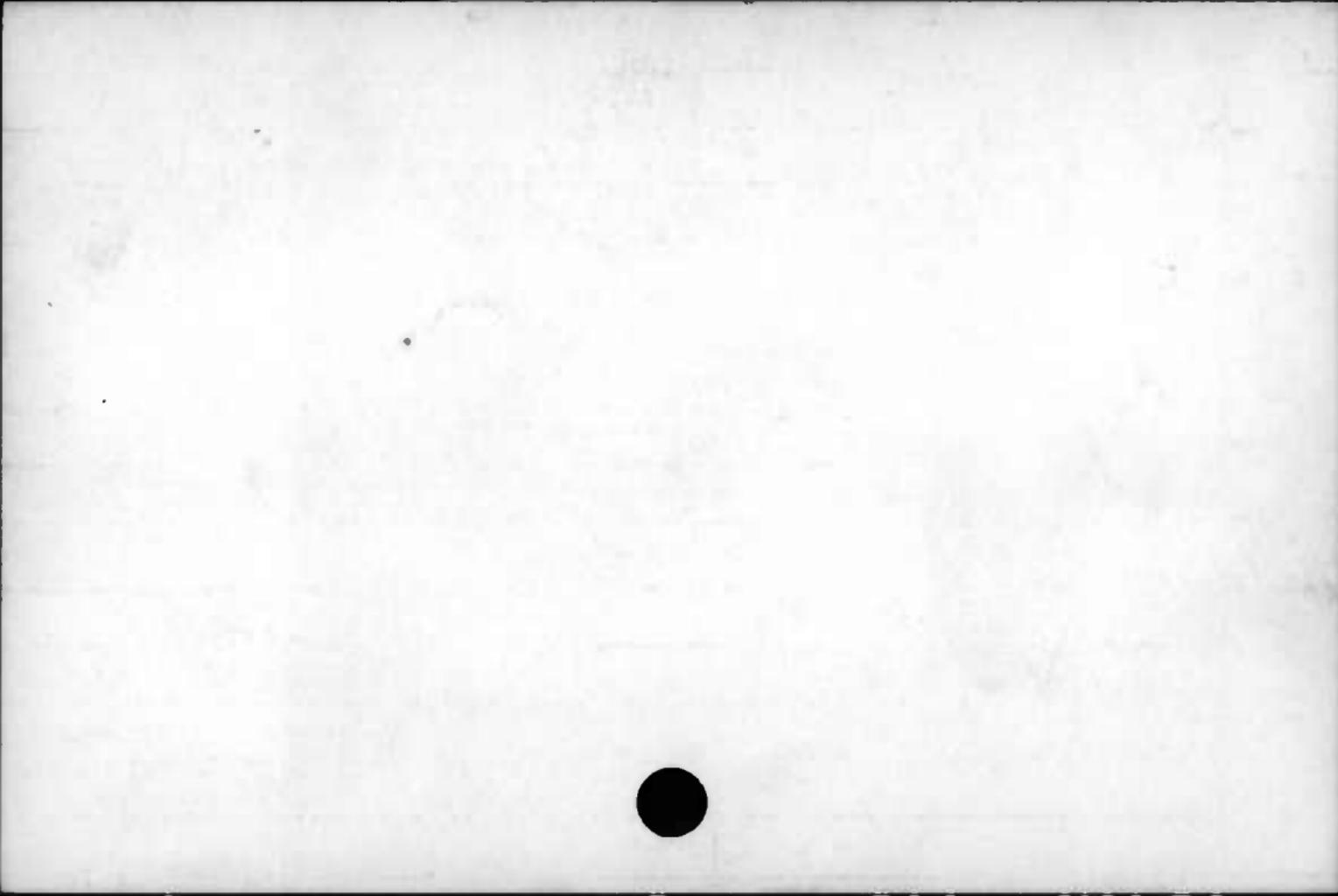
Signature of  
Physician

Address

J. G. Tracy

St. Michael Md

Accident or Suicide?



Name  
in  
Full

Lucy Oliver

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                |            |                         |                          |              |      |  |
|-----------------------------------|----------------|------------|-------------------------|--------------------------|--------------|------|--|
| Died at                           |                | Town       | County                  |                          | MARYLAND     |      |  |
| Date of death 1903                | Month June     | Day mon    | Age                     | Years                    | Months       | Days |  |
| Sex Female                        | Color or Race  | Occupation |                         | Birth-place Hopkins Neck |              |      |  |
| Married, Single or Widowed        | —              |            | —                       |                          | —            |      |  |
| Name of Wife or Husband           |                |            |                         |                          |              |      |  |
| Father's Name                     | Rob. Long      |            | Father's Birthplace     |                          | Hopkins      |      |  |
| Mother's Maiden Name              | Lucy Oliver    |            | Mother's Birthplace     |                          | 11           |      |  |
| Name of person giving Information | Geo. W. Oliver |            | How related to deceased |                          | Grand Father |      |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Measles

How long

1 week

Immediate

Inflammation of bowels

How long

4 or 5 day

Are the name, age, sex, color, date and place correctly given above?

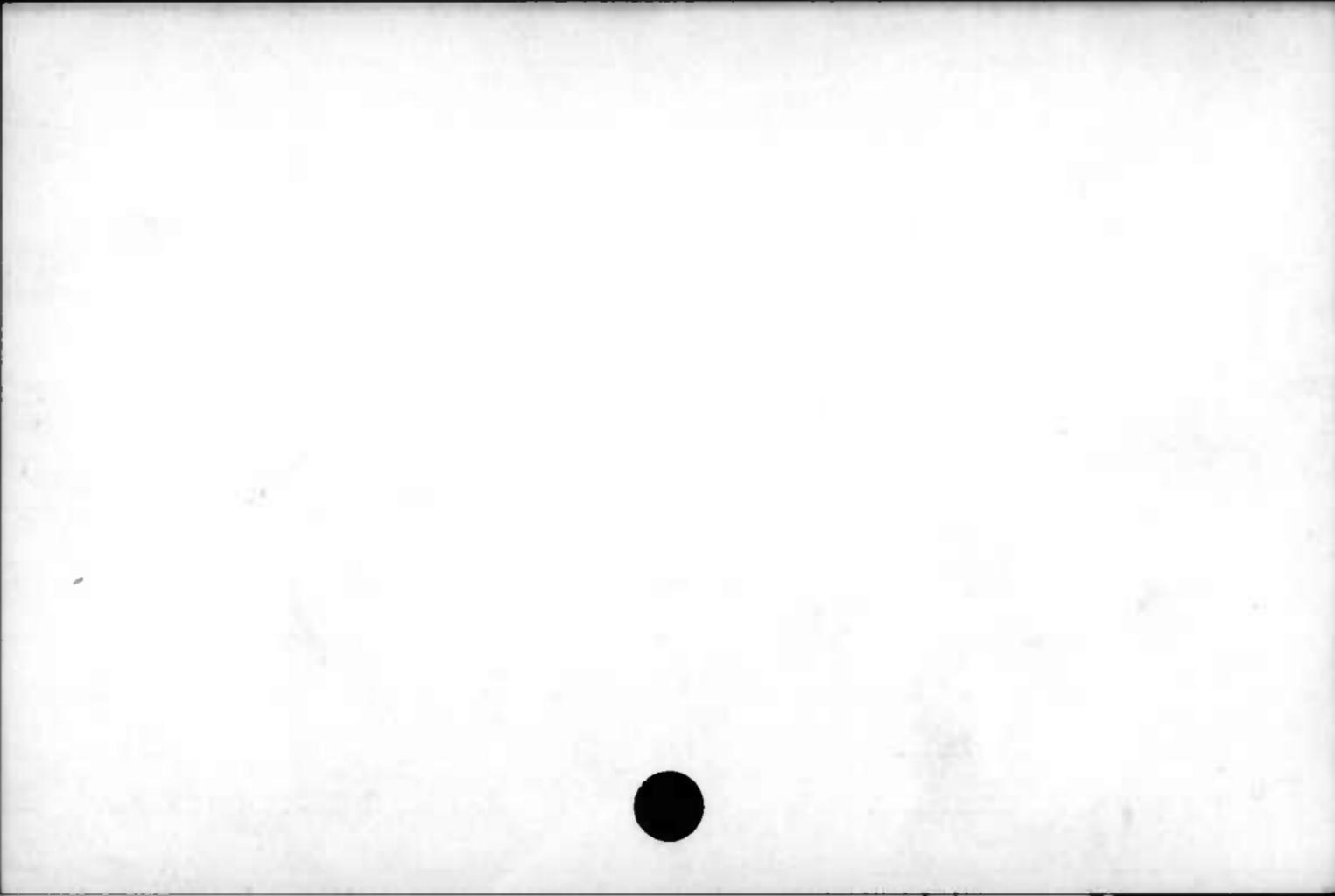
Yes

Signature of Physician

Sam'l L. Trippier  
Royal Oak Md

Address

Accident or Suicide?



Ella Gertrude Pool

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

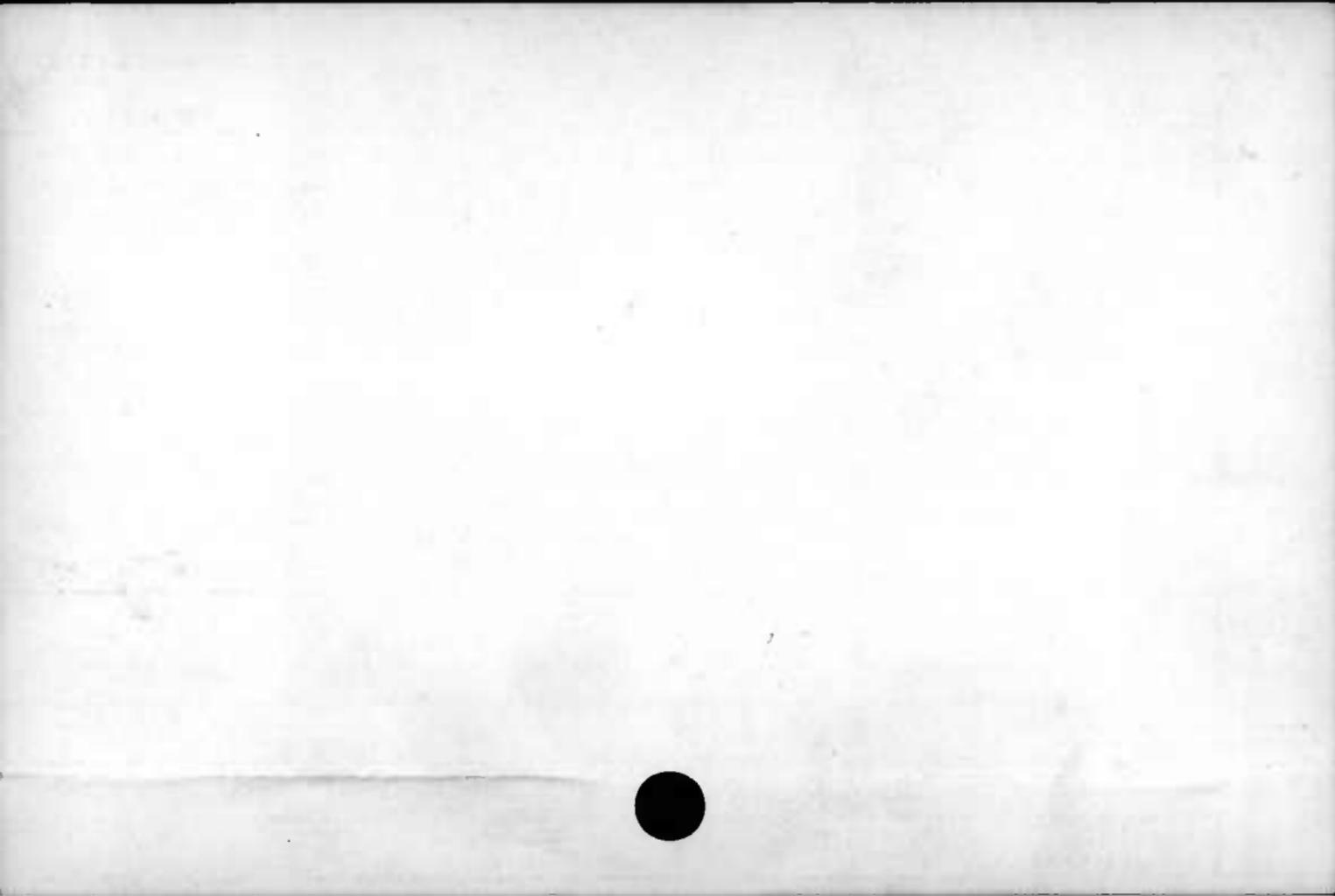
|   |   |                    |                              |                 |               |  |
|---|---|--------------------|------------------------------|-----------------|---------------|--|
| Died <u>near</u>  |   | Town <u>Barber</u> | County <u>Talbot</u>         |                 | MARYLAND      |  |
| Date of death 1903.   | Month <u>6</u>                              | Day <u>6</u>       | Years <u>31</u>              | Months <u>3</u> | Days <u>4</u> |  |
| Sex <u>Female</u>   | Color or Race <u>White.</u>                 |                    | Birth-place <u>Talbot Co</u> |                 |               |  |
| Married, Single or Widowed <u>Widow</u>                       |   |                    | Occupation <u>Housewife</u>  |                 |               |  |
| Name of Wife or Husband                                       |   |                    |                              |                 |               |  |
| Father's Name <u>James Spencer</u>                            | Father's Birthplace <u>Talbot Co</u>        |                    |                              |                 |               |  |
| Mother's Maiden Name <u>Mary Eliza Berridge</u>               | Mother's Birthplace " "                     |                    |                              |                 |               |  |
| Name of person giving information <u>Chas. Edward Bradley</u> | How related to deceased <u>Half brother</u> |                    |                              |                 |               |  |

## CAUSES OF DEATH

|  |                           |
|--|---------------------------|
| Primary <u>Pulmonary Tuberculosis</u>                                | How long <u>5 months.</u> |
| Immediate <u>Pericarditis</u>  | How long <u>2 weeks.</u>  |
| Are the name, age, sex, color, date and place correctly given above? |                           |
| Signature of Physician   |                           |
| Address  |                           |
| 9  |                           |
| Accident or Suicide?   |                           |



Joseph A. Rose M.D.  
Waple, Talbot Co, Md



Name  
in  
Full

Robertzine Roberts

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|   |                     |                      |                |                         |          |
|---|---------------------|----------------------|----------------|-------------------------|----------|
| Died at   | Town                | County               | MARYLAND       |                         |          |
| Easton  | Salisbury           |                      |                |                         |          |
| Date of death 1903                                  | Month June          | Day 27               | Age 48         | Years                   | Months 3 |
| Sex Female  | Color or Race white | Occupation Housewife | Birth-place Md | Days 29                 |          |
| Married, Single or Widowed Married                  |                     |                      |                |                         |          |
| Name of Wife or Husband Richard M Roberts           |                     |                      |                |                         |          |
| Father's Name Harrison Gaudine                      |                     |                      |                | Father's Birthplace Del |          |
| Mother's Maiden Name Elizabeth Benny                |                     |                      |                | Mother's Birthplace Md  |          |
| Name of person giving Information Richard M Roberts |                     |                      |                | How related to deceased | Husband  |

CAUSES OF DEATH

|  |                        |     |                        |            |
|--|------------------------|-----|------------------------|------------|
| Primary  | Chronic Bronchitis     | 27  | How long               | 6 years    |
| Immediate  | Pulmonary Tuberculosis |     | How long               | 6 mos -    |
| Are the name, age, sex, color, date and place correctly given above? |                        | Yes | Signature of Physician | E.R. Duffe |
|  |                        |     | Address                | Easton Md  |
| Accident or Suicide?   |                        |     |                        |            |



Name in Full

Gracey Grisela Sanders

Certificate of Death

Town

County

Died at

Layneck

Talbot Co.

MARYLAND

|           |         |         |     |         |                           |           |            |
|-----------|---------|---------|-----|---------|---------------------------|-----------|------------|
| Died at   | Month   | Day     | Y.  | M.      | D.                        | Native of | Occupation |
| Date 1893 | June    | 23      | Age | 5       |                           | 10        | over       |
| Male      | White   | Married |     | Widow   | Divorced                  |           |            |
| Female    | Colored | Single  |     | Widower | Number of children living |           |            |

Husband of

Wife

Father's Name

Ben F. Holm.

Mother's Name

Hattie Sanders

Cause of Death

Primary

diseases

How long sick

one week

Immediate

Accident, Suicide, Homicide

Reported by

Ollie Williamson

Address

J

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Name  
in  
Full

Elizabeth M. Shumahar

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                    |               |           |            |          |        |      |
|-----------------------------------|--------------------|---------------|-----------|------------|----------|--------|------|
| Died at                           |                    | Town          | County    |            | MARYLAND |        |      |
| Cheston                           |                    | Darros        |           |            |          |        |      |
| Date of death                     | 1905               | Month June    | Day 9     | Age 41     | Years    | Months | Days |
| Sex                               | Female             | Color or Race | white     | Birthplace | Texas    |        |      |
| Married, Single or Widowed        | Married            | Occupation    | Housewife |            |          |        |      |
| Name of Wife or Husband           | S. Harry Shumahar  |               |           |            |          |        |      |
| Father's Name                     | W. S. Thompson     |               |           |            |          |        |      |
| Mother's Maiden Name              | Rebeca Paxton      |               |           |            |          |        |      |
| Name of person giving information | Dr. Harry Shumahar |               |           |            |          |        |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                                 |                        |                   |
|--|---------------------------------|------------------------|-------------------|
| Primary  | Sclerosis of Brain & Exhaustion | How long               | five weeks        |
| Immediate  |                                 | How long               | one week          |
| Are the name, age, sex, color, date and place correctly given above? | Yes                             | Signature of Physician | Julius A. Johnson |
|  |                                 | Address                | Cheston           |
| 9  |                                 |                        | Med               |
| Accident or Suicide?   |                                 |                        |                   |



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|                                   |               |               |        |                             |      |          |  |
|-----------------------------------|---------------|---------------|--------|-----------------------------|------|----------|--|
| <b>David Speedie</b>              |               |               |        | <b>CERTIFICATE OF DEATH</b> |      |          |  |
| Town                              |               | County        |        |                             |      |          |  |
| Died at                           | Hopkins Neck  | Day           | Talbot | Months                      |      | MARYLAND |  |
| Date of death 1903                | June          | 21            | Years  | 10                          | Days | 7        |  |
| Sex                               | Male          | Color or Race | White  | Birth-place                 |      | Scotland |  |
| Married, Single or Widowed        | Married       | Occupation    | Farmer |                             |      |          |  |
| Name of Wife or Husband           | Marie Speedie |               |        |                             |      | m.       |  |
| Father's Name                     |               |               |        | Father's Birthplace         |      |          |  |
| Mother's Maiden Name              |               |               |        | Mother's Birthplace         |      |          |  |
| Name of person giving information | Marie Speedie |               |        | How related to deceased     |      | Wife     |  |

**CAUSES OF DEATH**

|  |                       |                        |                  |
|--|-----------------------|------------------------|------------------|
| Primary  | Organic heart disease | How long               | 6 months         |
| Immediate  | Heart failure         | How long               | 3 minutes        |
| Are the name, age, sex, color, date and place correctly given above? | Yes                   | Signature of Physician | Sam'l L. Trippes |
|  |                       | Address                | Royal Oak, Md.   |

9

Accident or Suicide?

10 $\frac{1}{2}$  o'clock.

Tuesday. Morning  
all French. ~~in~~.

Name  
in  
Full

Eva H. Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

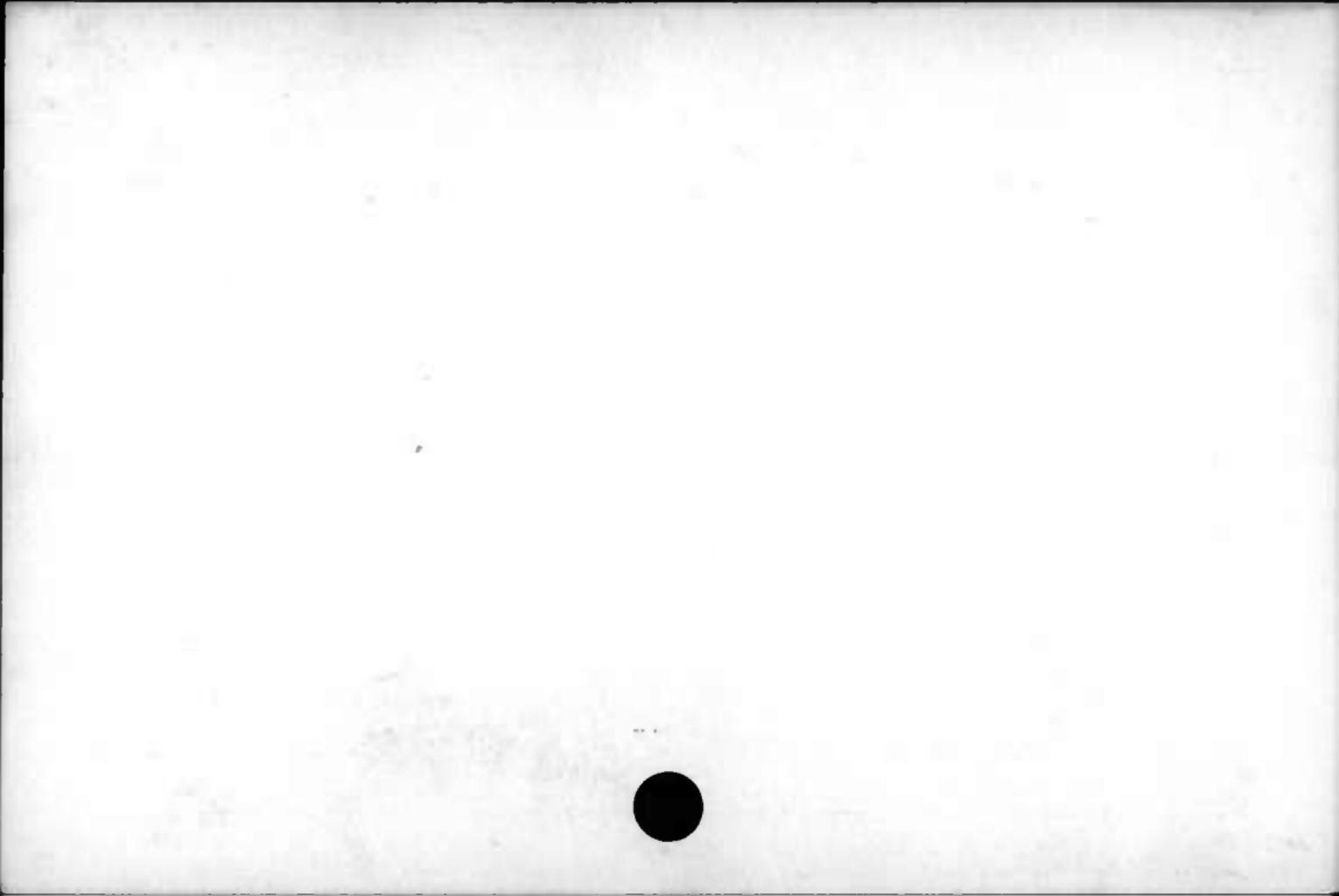
|                                   |                 |     |                         |             |          |  |
|-----------------------------------|-----------------|-----|-------------------------|-------------|----------|--|
| Died at                           | Town            |     | County                  |             | MARYLAND |  |
| Date of death 1903                | Month           | Day | Years                   | Months      | Dey's    |  |
| Sex Female                        | Color or Race   |     | Age 1                   | Birth-place | Hopkins  |  |
| Married, Single or Widowed        | Occupation      |     | —                       |             |          |  |
| Name of Wife or Husband           | —               |     | —                       |             |          |  |
| Father's Name                     | Henry R. Thomas |     | Father's Birthplace     | Talbot Co   |          |  |
| Mother's Maiden Name              | Sarah E. Oliver |     | Mother's Birthplace     | Talbot Co   |          |  |
| Name of person giving Information | Henry R. Thomas |     | How related to deceased | Father      |          |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |  |          |
|--|--|----------|
| Primary  | 105  | How long |
| Immediate  | Colvera  | 4 days   |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician<br>L. H. Thomas, M.D.<br>Address<br>Royal Oak<br>Talbot Co Md | yes      |
| Accident or Suicide?   |  |          |

9



|   |  |   |            |                              |             |                         |           |
|---|--|---|------------|------------------------------|-------------|-------------------------|-----------|
| <i>Rosetta Hally -</i>  |  |   |            |                              |             | CERTIFICATE OF DEATH    |           |
| Died at   |  | Town  |            | County                       |             | MARYLAND                |           |
| Date<br>of death 1903.  |  | Month<br>6                                      | Day<br>16. | Age<br>78                    | Years<br>78 | Months<br>~             | Days<br>~ |
| Sex<br>Female   |  | Color or<br>Race<br>Black                       |            | Birth-<br>place<br>Oxford Md |             | Occupation<br>Housewife |           |
| Married, Single<br>or Widowed                                   |  |   |            |                              |             |                         |           |
| Name of <del>Wife</del><br>Husband<br><i>Isaac Hally -</i>      |  |   |            |                              |             |                         |           |
| Father's<br>Name<br><i>Matthew Briscoe</i>                      |  | Father's<br>Birthplace<br><i>Don't know</i>     |            |                              |             |                         |           |
| Mother's<br>Maiden Name<br><i>Elizabeth</i>                     |  | Mother's<br>Birthplace<br><i>" "</i>            |            |                              |             |                         |           |
| Name of person giving<br>Information<br><i>Rudson L. Stiles</i> |  | How related<br>to deceased<br><i>Son-in-law</i> |            |                              |             |                         |           |

## CAUSES OF DEATH

|   |                                |  |
|---|--------------------------------|--|
| Primary   | <i>Initial Regurgitation</i>   | How long<br><i>74 years.</i>                           |
| Immediate   | <i>Failure of Compensation</i> | How long<br><i>2 weeks -</i>                           |
| Are the name, age, sex, color, date<br>and place correctly given above?<br><i>Yes</i> |                                | Signature of<br>Physician<br><i>Joseph A. Ross Jr.</i> |
|   |                                | Address  |



Name in Full

Certificate of Death

Lary M. Jones Watts

Town

County

Died at

St. Michaels

Talbot

MARYLAND

Date 1903

Month June

Day 7

Y. 52

M. 3

D. 7

Native of

Maryland

Occupation

Housewife

Male

Age 52  
Married52  
Divorced

Female

Colored

Single

Widower

Number of children living 3

Husband

of

John Watts

Wife

Father's

Name

John Jones

Mother's

Name

Mary M. Jones

Cause of

Primary

Pulmonary Phthisis

How long sick

about 8 mo

Death

Immediate

27

Accident, Suicide, Homicide

Reported by

R. A. Woodson

Address

St. Michaels Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nancy Wing

Town  
EastonCounty  
Talbot

MARYLAND

Died at

Date 19

Month  
JunDay  
17

Y.

M.

D.

Native of  
MdOccupation  
Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living  
NoneHusband  
of

Wife

Father's

Name

Mother's  
Maiden Name  
Haga Emma

Nestley Wing

Cause of

Primary

Cardiac Drapay

How long sick

6 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Julius A. Johnson  
Easton, Md  
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

